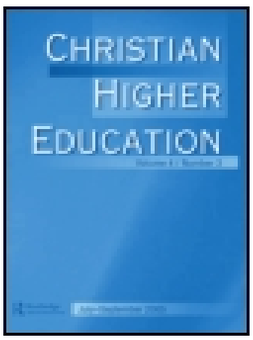

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PURPOSEFUL EXCLUSION OF SEXUAL MINORITY YOUTH IN CHRISTIAN HIGHER EDUCATION: THE IMPLICATIONS OF DISCRIMINATION

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Current policies exist at religious universities and colleges that bar students with gay, lesbian, and bisexual identities from admission. Furthermore, these schools have wide-ranging disciplinary policies toward current students who identify as gay/lesbian/bisexual or participate in same-sex romantic behaviors. This article presents original descriptive data regarding the nature of such policies by reviewing a random sample of schools which are members of the Council for Christian Colleges and Universities. This paper also reviews the psychiatric, pediatric, and epidemiologic literature to better understand the experiences of sexual minority youth. Results indicate sexual minority youth are more likely to experience mental health symptoms, display poor academic performance, and be at greater risk of exposure to public health concerns as a result of discrimination and prejudice. These symptoms are especially prevalent in environments that are rejecting toward sexual minorities. Given this large body of data, policies that exclude and discipline sexual minority youth are harmful and should be removed or dramatically altered. Action is needed to foster campus climates of grace and compassion to sexual minority youth who are vulnerable.

For those who have adopted a Christian worldview, who pursue a life of purpose and faith fashioned after the life of Jesus Christ, there has long been a desire to receive an education in environments that stand upon truth from institutions that train their students to be discerning and faithful in their academic excellence. This desire to serve Christ through the pursuit of knowledge, in communities of faith, has led to a full and fruitful history of Christian colleges and universities in the United States and around the world. These institutions vary greatly in their doctrine and

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ideology, but all stand fast in their desire to reach the world for Jesus Christ by preparing men and women to engage the world through academic integrity in their professional pursuits.

The authors of this article are alumni of one such institution. It was through our very experiences at a Christian institution of higher education that we began to understand the great need we address in this paper. It is the character of Christ, who embodied compassion and love for all, that we attempt to be mindful of as we suggest there is something horribly remiss in the institutional policies held by so many Christian colleges and universities against gay, lesbian, bisexual, and other sexual minority students. Furthermore, it is in the spirit of academic excellence that we turn toward the most recent empirical literature as well as our own clinical experiences as mental health professionals to understand the impact that such policies have upon *sexual minority youth* (SMY), a group characterized by "young people with same-sex or both-sex sexual attraction and or/partners or youth who identify as gay, lesbian, or bisexual" (Berlan, Corliss, Field, Goodman, & Austin, 2010, p. 366).

This paper focuses on the psychiatric, social, and epidemiologic evidence against current policies, while also accounting for the historical context in which these current debates have emerged. We recognize that many readers will say, "What about the Bible?" referring to specific passages that mention homosexual behavior (e.g., Leviticus 18; Romans 1). While we recognize the importance of one's scriptural interpretation of these passages with regard to views about homosexuality, this paper will not delve into the many complex theological considerations on this issue. There are, as most readers are likely aware, numerous views regarding the theological interpretations of such passages, which often cause fiery debates and divide entire denominations. We encourage readers unfamiliar with the numerous different theological positions on this issue to reference work by Meyers and Scanzoni (2005) which presents an overview. Despite the lack of agreement and varied opinions, the following evidence in relation to GLBT youth is relevant and applicable regardless of one's specific theological views about homosexuality. (It is important to note that individuals who identify as transgendered are also considered part of the sexual minority group though transgenderism is not connected to a specific sexual orientation.

A transgender person may identify as heterosexual, homosexual, or bisexual. Transgendered students—the T in GLBT—are not included in some of this paper as many schools do not even acknowledge that transgendered students are on their campuses. Thus, many of the policies that bar GLB students do not currently bar transgendered students, though the campus climate may be equally condemnatory for them. Please note the intentional omission of the T at some points in this paper.)

Historical Context of Religion and GLBT Discrimination

> "[The Boy Scouts would] disband rather than to have to [. . .] hire homosexual scout leaders who would sleep in the same tents as young boys," wrote Dr. James Dobson, respected former president of Focus on the Family, in a 2008 letter to members implying that homosexual men are pedophiles who threaten America's youth (Dobson, 2008).

> "AIDS is not just God's punishment for homosexuals, it is God's punishment for the society that tolerates homosexuals," stated Jerry Falwell, founder of the Moral Majority and Liberty University (cited in Press, 2007).

It is sad and sobering that a consideration of the history of any group of people and their interaction with the Christian community should have to begin with quotes like the two above. And though it is necessary to acknowledge that these have been the prejudice-filled utterances of some of the Christian community's most outspoken leaders, it is also important to recognize there is considerable variability amongst Christians regarding their beliefs and treatment toward GLBT identified individuals. One must be cautious so as not to make assumptions about all Christians and their attitudes and actions toward GLBT people. Many churches, religious leaders, and individual Christians have courageously and compassionately reached out to GLBT individuals and joined in movements for social justice and pastoral care for sexual minorities. That said, many of today's Christians are not familiar with the influential role many religious communities and leaders have played in creating, fostering, and continuing to perpetuate GLBT mental and public health disparities. Any attempt to discuss the current treatment of the GLBT community by Christians must address the actions of many prominent Christians in the past.

One of the most painful experiences for GLBT individuals was the church's role in perpetuating the myth that gay men and lesbians were social deviants responsible for the spread of the HIV/AIDS epidemic. In 1981, the AIDS epidemic first surfaced in large urban centers. As it progressed, conservative Christian organizations such as the Moral Majority and leaders including Jerry Falwell became prominent figures driving fear into the hearts of many Americans by calling HIV and AIDS God's judgment for gay people, insinuating this was a form of punishment they deserved (Press, 2007; Rimmerman, 2002). At the peak of the AIDS crisis, as financial support poured in from religious communities, the Moral Majority's influence grew tremendously. The organization became so successful that it aided passage of the Helm's Amendment, a federal law that banned the use of federal tax dollars for AIDS prevention research and outreach in schools. The Moral Majority also fought for the placement of Proposition 64 on the 1986 California state ballot, a law which (if passed) would have allowed the state to quarantine gay men with HIV, further perpetuating beliefs that GLBT persons were a threat to society (Rimmerman, 2002). In addition to the political intolerance during the epidemic, one can only imagine the countless judgments and doors the Christian community closed to those suffering with HIV/AIDS.

In 1973 and 1975, respectively, both the American Psychiatric Association and American Psychological Association strongly affirmed homosexuality as a normal variation in human sexual behavior (APA, 2000, 2008). This position has been subsequently assumed and affirmed by virtually all mainstream medical and mental health professional organizations in the United States, Europe, and Canada. However, the professional support and depathologizing of GLBT persons only intensified religious persecution and attack and led to increasingly damaging attempts to portray homosexuality as a mental disorder associated with pedophilia. In 1978 religious leaders were heavily involved in the lobbying for passage of Proposition 6 in California (more commonly known as the Briggs Initiative), a law which (if passed) would have given the state permission to fire all gay and lesbian public school teachers solely on the basis of sexual orientation (Stockton-San Joaquin County Public Library, n.d.). The link between homosexuality and pedophilia has been heavily refuted by the American Psychiatric

Association, who report that the majority of child abusers are heterosexual men, even in the case of same-sex child abuse (2000). However, this falsehood continues to be circulated, as evinced by the above letter (Dobson, 2008) and the string of media attacks using children in school settings in the recent Proposition 8 advertisements in California (ProtectMarriage.com, 2008), a campaign primarily funded by Mormon, Catholic, and Evangelical churches (Cowan, 2010).

Despite the outcry from virtually all professional mental health and medical organizations against "reorientation" therapies (i.e., psychological interventions to change individual sexual orientation from homosexual to heterosexual), one cannot ignore the role the religious organizations have played in continuing to promote these treatments as acceptable and sexual orientation as changeable. Reports exist of SMY below the age of 18 being sent to reorientation camps, such as those sponsored by the Christian organization Love Won Out, sometimes against their will by parents or with the support of their religious leaders (APA, 2009; Cianciatto & Cahill, 2006; Williams, 2005). Furthermore, groups such as Exodus International, a Christian-based ministry, have notoriously promoted the "ex-gay" movement as credible despite the lack of empirical support (of note, many former participants in the Exodus program have now proclaimed themselves "ex-ex-gays" in protest of the program's claims) (Brooke, 2005). Individuals who seek change programs are often driven by religious belief systems (APA, 2009). However, research suggests that efforts to seek change that are driven by internalized religious shame and the hope of achieving heterosexuality are likely to result in psychological harm and are not effective (APA, 2009).

Background of SMY Discrimination in Higher Education

SMY have long been the target of misperceived fear and rejection at American colleges and universities, both at public and private institutions. Not long ago, even today's most "liberal" institutions rejected known gay students. For example, in 1965 an openly gay student at Columbia University was forced to live off campus after other students in his dorm said they were not comfortable living with him (Beemyn, 2003). Students were afraid to disclose their sexual orientation, banned from forming gay-straight alliances,

and even banned from having openly gay speakers on campus. However, as a result of political activism, outreach and education regarding GLBT issues, and personal relationships formed with gay individuals, schools began changing their policies and creating safe environments for GLBT students. According to Beemyn, administrators and students at secular institutions also came to see gay rights as an issue that not only affected gays and lesbians, but as an issue of broader human rights that affected heterosexual men and women too. As a result, few (if any) nonreligious or nonmilitary institutions now ban SMY or have disciplinary policies in place. However, over 200 American institutes of higher education with conservative religious or military affiliations continue to bar admission to openly GLBT students (Soulforce, 2010). Furthermore, GLBT students who currently attend such institutions are subjected to disciplinary action and other consequences for acting upon their attractions or identifying as gay, lesbian, or bisexual. To gain a better understanding of these policies, the authors randomly selected 20 member and affiliate institutions of the Council for Christian Colleges and Universities (CCCU), an umbrella organization that has affirmed these policies amongst their members (CCCU, 2001). Table 1 offers demographic information regarding the language referring to prohibitions against homosexual behaviors, consequences of violating these policies, and the category in which these behaviors are placed in the student handbook/code of conduct, as well as geographic region, denominational affiliation, and student enrollment of the respective institutions. All information was obtained via the schools' Web sites using the code of conduct or student handbook. Of note, six schools did not make specific reference to homosexuality, but did make reference to prohibition of all extramarital sexual behaviors.

Sexual minority youth issues have gained increasing attention within the Christian college community in the last decade. In 2001, a CCCU committee released a report outlining various perspectives on the issue and encouraging further dialogue (2001). The report made an important contribution in that it recognized sexual minorities as a part of all schools, whether religious or not, as well as presenting various theological positions (though attempting to invalidate "gay-affirming" positions). The report also recognized the increasing number of ethical and legal challenges presented to such institutions around various issues,

TABLE 1 School Demographics

Variable	*N*	(%)
Affiliation		
Baptist	2	10
Nazarene	2	10
Christ. Miss. Alliance	3	15
Nonden. Christian	6	30
Protestant Other	7	35
Region		
Northeast	3	15
South	7	35
Midwest	7	35
West Coast	3	15
Description		
Homosexual behavior	10	50
Homosexuality	4	20
Nonspecific	6	30
Amorous same-sex relationships	1	5
Category of violation		
Sexual misconduct	2	10
Inappropriate dating/affection	1	5
Sexual immorality	5	25
Sexual promiscuity	2	10
Character/integrity	2	10
Disciplinary action		
Expulsion/dismissal	15	75
Probation	14	70
Restrictions	10	50
Suspension	12	60
Counseling	4	20
Student Population^		
Range	534–6,400	
Mean	2,629	
Standard deviation	1,322	

N = 20.
= includes combined undergraduate and graduate.

including attempts to form GLBT alumni and student groups, attempts to present "gay-affirming" data and perspectives within campus venues, appropriate responses to employees and students who disclose their sexual identity, negative backlash from accrediting agencies in response to anti-GLB policies, and disclosure of employment policies to public outlets. In response, the report

encouraged CCCU member institutions to address the following issues: (1) theological principles and interpretations of Scripture (e.g., the role of moral law in today's understanding of sexuality), (2) "corporate identities as higher education institutions" (e.g., how views on GLBT issues affect the public perception of the school), (3) pastoral care for students who struggle with these issues, and (4) sociopolitical challenges (e.g., stances on civil rights issues) (CCCU, 2001, p. 9). The report also makes specific (and overdue) recommendations that CCCU member institutions remove prohibitory language referring to "homosexuality" (i.e., *sexual orientation*) and replace with specific language referring to acting upon one's same-sex attractions (i.e., *sexual behavior*).

We applaud the CCCU task force for making such an important distinction and raising awareness of SMY issues on campus. However, the report fails to address crucial psychiatric, social, and other educational concerns related to GLBT stigma and internalized homophobias that are likely heightened in religious institutions with negative policies toward SMY. Furthermore, the report provides a woefully insufficient list of "suggested resources," which include only conservative leaning readings and ministries (e.g., Exodus International), ignoring resources from mainstream professional organizations (e.g., APA) and gay-affirming ministries (e.g., Soulforce). Questions must also be raised as to the extent of the implementation of these recommendations, given that we found four schools (20% of our sample) that still use the term *homosexuality* to describe the offense. Finally, this issue must also be considered in light of new research given the nearly decade-long span since its release.

Consequences of Discrimination

Consequences of discrimination vary across several domains, including threats/harm, mental health symptoms, academic implications, and health risk associations. A summary of these risk factors is provided in Table 2, which includes study data from 1998–2010.

Threats, Harassment, and Harm

Bullying is defined as the "specific type of aggressive behavior that is unprovoked and intended to cause harm or disturb" in which

TABLE 2 Risk Factors Associated With Discrimination Toward GLBT Adolescents and Young Adults

Author(s)	APA, 2008; 2009	Almeida et al., 2009	Berlan et al., 2010	D'Augelli et al., 1998	Garofalo et al., 1998	Hatzenbuehler et al., 2010	Swim et al., 2009	Wright & Perry, 2006	Ryan et al., 2009
Sample size	various	1,032	7,559	194	4,159	3,4653	69	156	224
Study design	Literature review	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Cross-sectional survey	Longitudinal random sample	Longitudinal, self-report diaries	Cross-sectional survey	Cross-sectional interview & survey
Fear of going to school					**				
Threats/bullying	*		*		**				
Harassment			*		**				
Assault/violence	*			*	**				
Depression		**				*	*		*
Anger							*		
Low self-esteem							*	*	
Negative view GLBT							*		
Somatic illness	*								
Internalized conflict	*							*	
Anxiety						*	**		
Suicide ideation		*		*					*
Suicide attempts	*	*		**	**			*	*
Social isolation	*								
High-risk sexual behavior	*				**			*	*
Alcohol use	*					*		*	
Substance abuse	*				**	*		*	*
Employment discrimination	*								
Family rejection				**					*
Peer rejection				**					
Religious group rejection	*								

* = results significant at the $p < .05$ level.
** = results significant at the $p < .01$ level.

a power imbalance exists (Berlan et al., 2010, p. 367). Every day across America, SMY experience bullying, verbal harassment, and physical harm as a result of their sexual orientation. In a study of youth risk behaviors by Garofalo and Wolf (1998), the authors identified over 30 behaviors and risk factors that SMY students are more likely to have faced than their heterosexual peers. In fact, SMY are significantly more likely than their heterosexual peers to have missed school because of fear, to have been threatened with a weapon at school, to have had property damaged at school, and to have been forced to have sexual contact against their will. While bullying and harassment are serious concerns regardless of the victim, SMY may feel especially isolated and unable to seek help. Van Wormer and McKinney (2003) note that SMY who are "taunted the most generally lack the protection of family members, teachers, and religious leaders, the people to whom youth usually turn to for support" (p. 410). Furthermore, even when students do report their experiences, school officials may be hesitant to pursue action against such perpetrators on the grounds that homosexual behavior is immoral and that protecting SMY would condone their behavior.

Even in the absence of direct bullying or verbal harassment, most sexual minorities are likely to encounter more subtle forms of attack, including "comments or behaviors that reflect or communicate hostile, denigrating, or stigmatizing attitudes and beliefs about lesbians, gay men, or bisexuals that are embedded in people's everyday lives" (Swim, Johnston, & Pearson, 2009, p. 598) such as gay jokes made amongst peers, reactions of disgust to affection between males (and between females to a lesser degree), or portrayals of gays and lesbians in stereotypical, negative manners. Others have demonstrated further concerns that SMY who experienced bullying are in turn more likely to perpetuate bullying behaviors in response (Berlan et al., 2010).

Mental Health Consequences

> "Keeping secrets, feeling defective, not fitting in, knowing that your parents are uneasy about you at best and threatened and afraid of you at worst create a fertile breeding ground for despair, loneliness, and self-hatred," is the experience of a young lesbian (Kasl, 1989, p. 212).

Pinel (1999) documented the highly negative impacts of *stigma consciousness* or a belief that one could be stereotyped on the basis of membership in a minority group. Others have documented the results of living with the daily stressors related to being a member of the GLBT community, otherwise called *gay-related stress*. Gay-related stress has been significantly correlated with depression and anxiety disorders, which may be characterized as guilt, self-loathing, shame, poor self-esteem, and various other harmful self-perceptions (APA, 2009; Lewis, Derlega, Griffin, & Krowinski, 2003; Ryan, Huebner, Diaz, & Sanchez, 2009; Wright & Perry, 2006). Internalized homophobia, defined as negative self-perception secondary to one's homosexual orientation, has also been associated with internalization of negative societal attitudes, psychological strain from hiding one's identity, and internal conflict as a result of religious beliefs (DiPlacido, 1998). Symptoms are significantly more severe for gay males, especially among males of color (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Ryan et al., 2009). Studies also suggest that gay males are especially at risk for rejection and being discriminated against in the presence of various factors, including strict masculine norms and gender roles (Almeida et al., 2009; Ryan et al., 2009). Older youth who have not resolved sexual identity conflicts are likely to be significantly more distressed than younger peers (Wright & Perry, 2006), which also suggests that college-aged students may be at particular risk.

A particularly alarming and well-established trend is the increased risk for suicidal ideation and suicide attempts among SMY and young adults. A recent study among 224 sexual minority young adults ranging from 21 to 25 years of age revealed that family rejection of one's sexual identity during adolescence was related to a suicide attempt rate *8.4 times higher* than that of the normative youth population (Ryan et al., 2009). Previous studies have estimated that SMY constitute 30% of all youth suicides per year (Gibson, 1989). Furthermore, a Washington, D.C.-based youth study revealed that 40% of SMY felt sad or hopeless in the last two weeks, as opposed to 26% of their heterosexual peers (District of Columbia public schools, 2007). Other studies have documented suicide attempt rates as high as 50% among SMY who had felt rejected by peers or family members (D'Augelli, Hershberger, & Pilkington, 1998).

Sexual minority youth individuals also report significantly less social support and less satisfaction with their support systems than their heterosexual peers (Safren & Pantalone, 2006). Many face rejection from peers, families, and religious communities after disclosing their sexual orientation or identity (D'Augelli et al., 1998; Ryan et al., 2009). In a study of 104 self-identified GLB youth aged 14–21, 48% had lost friends as a result of coming out while 26% had experienced rejection from fathers, 10% from mothers, and 15% from siblings (D'Augelli et al., 1998). In conjunction, the realities of gay-related stress combined with a lack of social support can be exceptionally detrimental to SMY. Numerous studies have documented that SMY experience significant relief and easing of psychological burden after meeting other sexual minorities, often in a coming-out process (Pimental-Habib, 1999; Wright & Perry, 2006). Yet, in settings that cast negative attitudes toward GLBT issues, youth are less likely to seek out peer support with others who identify. Furthermore, these youth are more likely to internalize the attitudes of their communities, and in turn evaluate GLBT individuals more negatively (Swim et al., 2009).

Implications for Success in Higher Education

Even without negative institutional policies and religious teachings, sexual minority students are still at increased risk for mental health problems and poor academic performance at institutions that have more tolerant attitudes yet may still have negative social and environmental climates. According to Pachankis and Goldfried (2006), up to 75% of gay male college students may change their behavior to avoid being identified as gay. The documented effects of hiding one's sexual orientation include low self-esteem, cognitive preoccupation, and emotional distress (Pachankis, 2007; Smart & Wegner, 1999). As a result, SMY students are alarmingly *2.6 times more likely* to attempt suicide than their heterosexual peers in college environments (Kisch, Leino, & Silverman, 2005).

In light of the above risk factors for SMY, one must consider their implications on students' academic performance and success. The American College Health Association (2006), in a sample of more than 23,000 students, found that students' perceived stress (34%) was the single largest barrier to academic

success, with other barriers including sleep difficulties (25%), relationship difficulties (16%), anxiety/depressive disorders (15%), and alcohol use (7%). Furthermore, students also reported physical/somatic symptoms that may be heavily influenced by stress. Empirical studies have highlighted the above contributions to poor academic performance in other, non-GLBT minority groups. For example, in a study where Black students were compared to a White control group, researchers found that Black students who perceived greater rejection from a predominantly White college environment were more likely to experience greater distress when starting college, have less trust in the university for support, and have greater relative declines in academic performance over their first 2–3 years of school (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002). However, students who had positive experiences as a result of their race and felt more accepted were likely to fare better in school performance and social well-being. Though further research is needed in this area to ascertain the effects of stigma and discrimination amongst SMY in higher education, it is clear that the stressors experienced by SMY are likely to impact their academic success in a variety of highly negative ways.

Health Risk Behaviors

Adolescence is a particularly confusing time for teens as their bodies begin to change and sexuality emerges. Youth experiencing sexual identity confusion or same-sex attractions are likely to be especially confused, scared, and reluctant to discuss healthy sexuality with peers, teachers, health care providers, and parents. Amid this sea of confusion, some studies have indicated that SMY are more likely to initiate sexual intercourse at a younger age, to have had more sexual partners, and to have used alcohol or drugs during their last sexual experience (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998). Another highly concerning trend is the association between perceived rejection from communities and HIV/AIDS infection rates among gay males. Studies have demonstrated that young men who feel stigmatized and perceive negative attitudes toward homosexuality are more likely to engage in high-risk sexual behaviors (Garofalo et al., 1998; Ryan et al., 2009).

Though the exact mechanisms that lead SMY to initiate earlier and higher-risk sexual contact are unknown, several hypotheses have been proposed. One must consider the disadvantages that SMY experience in schools, churches, homes, medical centers, and communities that provide education and resources for heterosexual youth, but often ignore SMY issues or provide little information. For example, a survey of pediatric physicians across disciplines reported that many doctors do not ask teens and young adult patients about sexual orientation issues and do not feel prepared to address such concerns (Kitts, 2010). As a result, youth may be implicitly taught that their sexuality falls outside of the normal boundaries and that they cannot ask questions, which encourages them to seek out risky behaviors and unhealthy relationships. Youth who are not able to turn to their communities for support in developing healthy same-sex relationships and sexuality are likely to look to other sources to educate them. Hence, SMY may be especially vulnerable to media exposures that portray gays, lesbians, and bisexuals as promiscuous and overly sexual, and rarely see same-sex relationships portrayed as loving, committed, monogamous, stable, and long-term.

Additionally, SMY who feel pressured to keep their struggles secret from their communities are more likely to seek out social and romantic relationships through discreet, accessible venues such as GLBT bars, clubs, cruising areas, and Web sites (Wright & Perry, 2006). Some of these venues are certainly less-than-ideal settings, in which SMY may be exposed to negative GLBT role models or behaviors that do not accurately define what it means to be GLBT. Furthermore, studies have demonstrated that SMY in states that have constitutional amendments against same-sex unions are more likely to experience depressive symptoms and generalized anxiety (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). As a result of political ads that portray negative images of sexual minorities, hostile interactions with friends and families, and institutional support against same-sex unions from churches and other organizations, the authors suggest that GLBT individuals may experience internalized shame, which reinforces notions that long-term same-sex relationships are less valuable than those of their heterosexual peers. Finally, as documented above, internalized shame among SMY may make them more likely to settle

for less-than-ideal partners and to give in to sexual pressures more easily than their peers. In fact, numerous studies have linked internalized shame and homophobia with health status and health-risk behaviors, both in direct and indirect ways (Meyer & Dean, 1998; Wright & Perry, 2006).

SMY who experience social isolation and internalized homophobia are also at greater risk for substance and alcohol use/abuse. In fact, in a study of the implications of negative reactions to disclosure of sexual orientation (i.e., "coming out"), Rosario, Schrimshaw, and Hunter (2009) found that negative reactions were associated with cigarette, alcohol, and marijuana use. Numerous other studies have documented similar trends, with implications for higher risks among GLBT youth and young adults who perceive their communities and support systems as rejecting (Garofalo et al., 1998; Ryan et al., 2009). Other studies have suggested that SMY who are more socially isolated are more likely to have used alcohol or drugs (Wright & Perry, 2006). Some have suggested that such high-risk substance use behaviors are often a passive suicide attempt by SMY due to inner shame (van Wormer & McKinney, 2003). After all, one is less likely to self-protect from harmful substances and behaviors when one feels devalued and second-class in comparison to heterosexual peers.

For some Christians, the above mental and public health risks are simply evidence that those who choose a homosexual lifestyle are deviant or that being GLBT is in and of itself the cause of such symptoms. However, these claims have been strongly dismissed by leading mental health organizations, including the American Psychological Association, the American Psychiatric Association, and other reputable medical organizations such as the American Academy of Pediatrics [AAP] (AAP, 2010; APA, 2008, 2000). Without question, the detrimental symptoms documented above are empirically and clinically linked to experienced prejudices, discrimination, and second-class citizen treatment that far too many SMY must endure. It is incomprehensible that one would ignore such a large body of literature by making the faulty assumption that these ailments are the result of a lifestyle or a choice. Furthermore, it is reprehensible to blame the members of a community for the ill effects caused by the hatred and discrimination perpetuated from within one's own community. Though the Christian

community is not (by any means) solely responsible for the mistreatment of the GLBT community, it is also, certainly, far from blameless.

Discussion

> "Frankly, if it were up to me, I wouldn't be making any kind of public statement at all. But there are people I care about within the church community who would seek to throw me out simply because of who I've chosen to spend my life with," stated contemporary Christian singer Jennifer Knapp, explaining why she chose to publicly come out about her same-sex relationship (in Moring, 2010).

In light of the above history and overwhelmingly large amount of evidence regarding the psychiatric, health, and educational discrepancies and ongoing discrimination toward sexual minority individuals, it is no wonder they continue to feel alone, inferior, and rejected by their peers, families, schools, and religious communities. Hence, it is even less surprising that SMY in religious environments may be at *greatest risk* for mental health problems and social isolation (APA, 2009). Perhaps even more alarming, in light of such human rights atrocities committed by the religious right, is the reality that so many religious institutions continue to reject sexual minority students from admission, discipline them for identifying as gay, lesbian, or bisexual, and equate *all* forms of homosexual behavior with sexual promiscuity, immorality, and misconduct. These policies are harmful and unethical, and they foster environments of intolerance toward an incredibly vulnerable group of today's youth.

Implications for Practice: Fostering a Campus Climate of Grace

Though the main purpose of this article has been to educate the Christian community regarding the vulnerability of the SMY on their campuses and the part they themselves have played in contributing to the distress of these individuals, it is also important to begin to make the necessary changes that will foster a campus climate of grace and compassion for our GLBT brothers and sisters. There are a host of opportunities for Christian institutions of higher education to begin to offer love and support to the SMY

who live or desire to live in their communities. Briefly, we will describe four ways in which administrators can begin to foster a campus climate of grace: (a) eliminate discriminatory admission and disciplinary policies; (b) provide protective policies; (c) provide safe social support networks; and (d) provide safe and adequate health care.

Eliminate Discriminatory Admission and Disciplinary Policies

Admission and disciplinary policies that explicitly target SMY immediately notify any individual attending that institution that their academic success, membership in the university community and possibly their career, are all in jeopardy should anyone become aware of their sexual orientation (or identification). Though the initial thought may be to keep GLBT individuals out of the community (a troubling thought in and of itself), the real impact is upon students who may begin to realize their same-sex attractions while attending the institution. These students may feel trapped, isolated, and helpless without a means for support or guidance. These feelings only increase the likelihood that they may encounter the problems mentioned above.

If it is truly a desire to limit behavior and not a desire to exclude all SMY that motivates such policies, then community standards that limit sexual experiences outside of marriage are sufficient for SMY and their heterosexual peers, as is the case for six policies (30%) we reviewed. There is no need to single out "homosexual behavior" (or other terms referenced above), nor is there any reason why SMY should face disciplinary actions that are not imposed on their peers. Forcing students into therapy or counseling as a punishment (and students do see this as a punishment, no matter how helpful staff may feel they are being), suspending and expelling them from school, or isolating them by means of campus and dorm restrictions, is not only unethical, it is also unfair and, ultimately, ineffective. Furthermore, these policies only heighten the probability of incurring gay-related stress and other negative social and mental health problems. Additionally, making reference to behaviors such as "inappropriate same-sex affection" is vague; it creates undue confusion for heterosexual students and further reinforces negative gender stereotyping (e.g., heterosexual

males showing each other public affection may avoid doing so because people might think they are gay).

Provide Protective Policies

It is not enough to simply eliminate discriminatory policies; Christian institutions must take action and assume responsibility in protecting SMY on their campuses. This group of individuals has been so negatively affected by the prejudice and discrimination they have faced that they need a community that overtly places value on them by offering institutional protection. Policies that limit overt expressions of hate on campus (many of which already exist on the basis of race, age, and disability) may be helpful. One step might be to include SMY in community standards that limit acts of violence, vandalism, or derogatory (hate) speech toward other members of the community. Not only will having these types of standards in place send a message of hope to SMY, but enforcement of such policies would give these students the freedom to truly know and express who they are in a Christian community—where they can experience the love of God and continue to deepen their faith.

Provide Safe Social Support Networks

SMY who attend religious universities with negative institutional policies may be especially hesitant to share concerns with others, leaving them in an especially vulnerable place. Institutional policies with disciplinary actions and limits of confidentiality may further penalize students who do have the courage to speak openly about their struggles to faculty members, peers, residence halls staff, and mental health counselors. Additionally, these youth may be less likely to encounter positive sexual minority role models. Christian institutions can foster a climate of grace for SMY by providing safe social support networks, or designated spaces, for SMY that will allow them to freely discuss their thoughts, feelings, and questions outside of a therapeutic or change-oriented context. Unconditional and nonjudgmental social support may be the only thing that keeps a SMY from joining the overwhelming number of GLBT youth who take their lives every year. A campus concerned

with the welfare of their most vulnerable students needs to provide a safe place for SMY.

Provide Safe and Adequate Health Care

Finally, many of the health risks mentioned above can be averted not only by removing institutional bans aimed at SMY, but by providing training to the mental and medical health providers that service their campuses. The issues faced by SMY differ from concerns experienced by their heterosexual peers. Training staff to be able to educate and treat GLBT students is a necessary step in beginning to heal some of the physical and psychological damage caused by oppression and discrimination.

Future Directions and Limitations

The recommendations and literature reviewed above are by no means exhaustive. Hence, further discussion and review are needed regarding the theological implications of such a debate, clinical implications for university counseling centers, and implications for academic performance. Additionally, empirical research is needed to better understand the experiences of SMY who attend religious universities.

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